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ABSTRACT

Holism in health care, and specifically in pharmacy, are discussed, along with the views of patients and professionals concerning expanded pharmacists' roles, and the effects of those roles. In describing holism in health care, attention is directed to holism and several concepts: wellness versus the absence of disease; prevention; mind, body, and spirit; environments; balance versus imbalance; altered practitioner/patient roles; and therapy. Twenty-five types of tasks completed by pharmacists and the percentage of time spent on each are indicated. In addition, duties that could be handled by other personnel are identified. Studies demonstrate that the opportunities for expanded roles for pharmacists exist, and that both the consumer and professional populations are willing to allow their inclusion into traditional medical practices. The incorporation of these expanded roles may be seen as promoting holistic health care. Based on a literature review, a list of expanded pharmacists' roles that were proposed by pharmacy authorities is provided. The tasks are grouped under the following categories: clinical services; guidance/counseling functions; education functions; education, screening, and monitoring functions; pharmacist/doctor relationship; laboratory services; and socioeconomic functions. (SW)

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REORGANIZATION OF A TRADITIONAL ROLE MODEL:
POTENTIALS FOR HOLISM IN PHARMACY

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INTRODUCTION

Currently, there are a staggering number of pharmacists who are dissatisfied with their traditional role in the scheme of health care providers. Many are asking what the future holds for them, and are looking for new roles with greater inherent satisfaction. Although isolated role changes and variations within traditional roles may offer varying degrees of satisfaction for some, it occurs to me that the concept of holism may offer the greatest potential for pharmacists. Such potential can only be realized if we allow ourselves some rearrangement of traditional thought and the abandonment of traditional roles which are largely unproductive in terms of patient care.

Traditional pharmacy practice has been called a "count and pour -- stick and lick" routine. Many pharmacists are comfortable with this role since it would seemingly negate their responsibility to direct patient care beyond accurate preparation of prescriptions. This attitude is supported by many chain pharmacies and private owners whose desire for monetary gain greatly overshadows their desire to provide direct patient services. Albeit, this type of practice is economical in the sense that since the pharmacist is not spending time with his patients, he has more time to spend filling prescriptions. Thus, less personnel are required to fill prescriptions. Unfortunately for the patient oriented pharmacist, this type of practice is not only unrewarding, but denies them the opportunity to provide more rewarding direct patient services.

I have suggested that the concept of holism may offer some potential for pharmacists. However, before we can consider its applications to pharmacy we should first examine some of the basic concepts of this field of thought and attempt to develop a definition for it.

WHAT IS HOLISM

Some contemporary authorities in holism suggest that the concept of holism was first introduced in 1926 by Jan Smuts, a South African soldier-statesman-philosopher.⁽¹⁾ However, I do not believe the concept of holism as used in health was conceived by Smuts. After all, many of the current medical treatment modalities and philosophies which seem to be holistic in nature had their beginnings long before Smuts published his work. For example, the ancient Chinese practiced one of the earliest systems of holistic health more than 5,000 years ago. They did not distinguish between mind and body, but rather viewed symptoms of illnesses as an energy imbalance that affected the entire organism.⁽²⁾ Even "holism" as distinguished from health care is nothing new. The ancient Greeks hinted at this with their philosophy of vitalism, which proposed the existence of a "vital force" responsible for allowing organisms certain activities beyond the limitations of their basic physical-chemical composition.⁽³⁾ Another example, to which I have only recently been exposed (and admittedly, somewhat cursorily exposed) is referred to as "The Gaia Hypothesis". This is a hypothesis which has been proposed by the British scientist James Lovelock and inspired by "Gaia" (pronounced guy-a), the ancient Greek goddess of the Earth. The hypothesis suggests that:

"THE EARTH'S ATMOSPHERE AND OCEANS ARE MAINTAINED AS HIGHLY SOPHISTICATED BUFFERING DEVICES BY THE TOTALITY OF LIFE ON THE PLANET. THE WHOLE EARTH, IN OTHER WORDS, MAY FUNCTION AS A SINGLE SELF-REGULATING ORGANISM." (4)

There are many other examples from both ancient and more recent history, so that I do not believe that there can be any question that the ideas and concepts encompassed by holism are not new. Nonetheless, Smuts did make some meritorious contributions, not the least of which was that he coined a term for this philosophy which had appeared again and again for thousands of years. The term he coined, of course, was holism, to which we are all indebted to the Greek word, ὅλος, which means "whole". As he conceptualized it, holism was a fundamental factor involved

in the making of wholes in the universe.^(5,6) It further proposed a way of understanding systems and organisms as whole entities which are greater than the sum of their parts.^(7,8,9) In itself, this philosophy was much akin to the concepts that had spanned generations of thought. However, for Smuts this philosophy also served the purpose of offering an antidote for the analytic, reductionistic-type of philosophy that characterized the sciences of his day. Furthermore, it seems to me that his philosophy deals more with the classical evolution of natural systems, and not particularly with health care. Although, his ideas can certainly be applied to health care. For as Smuts himself has said:

"...THE SUBSTITUTION...OF THE CONCEPT OF THE WHOLE FOR LIFE WOULD GIVE FAR MORE PRECISION TO THE UNDERLYING LIFE" (10)

Somewhat antithetical to the premise that the basic concepts of holism have existed for thousands of years, is the realization that at least some components of holism are indeed new. For example, it is new to the extent that it involves a merging of old ideas and practices with new (and/or current) ideas, knowledge and techniques.⁽¹¹⁾ Furthermore, it is new to the extent that it involves a relatively recent desire to combine a variety of principles and practices in order to form a health care program aimed at the whole individual.⁽¹²⁾

Having considered these tidbits of historical (and perhaps trivial) information, let us press on to look for a workable understanding of holism as it applies to health care.

HOLISM IN HEALTH CARE

Holism has come far on its way to becoming an accepted concept of health care. Yet, its progress has been inhibited by its lack of a universally acknowledged definition. Rather, it has existed as a philosophical stance comprised of a loosely assigned body of knowledge.⁽¹³⁾ Even so, there are certain ideas and premises which seem to characterize holism as it is currently promoted. From these characteristic ideas we can gain significant practical insight of the concept of holism. Such insight can

eventually be applied to the formulation of a definition of holism, and ultimately to our consideration of pharmacy in its endeavor to become more holistic.

THE CONCEPT OF WHOLES

Holism, by its very name implies an approach to health care involving the whole person.^(14,15,16) Within this context it is possibly significant that the terms "health" and "wholeness" are etymologically related. This might imply that health is related to a balance or harmony of some sort among all of the components of a whole system.⁽¹⁷⁾

The realization that wholes consist of parts and components reveals another characteristic of the concept of wholes. Because of the potential variety of genetic, biological, and psychosocial makeup that can exist in any individual, holism emphasizes the uniqueness which every whole individual constitutes.⁽¹⁸⁾

THE CONCEPT OF WELLNESS VERSUS THE ABSENCE OF DISEASE

Holism is person oriented rather than disease oriented.⁽¹⁹⁾ As such, its goals involve the attainment and maintenance of wellness and not just the prevention or absence of disease, or the amelioration of symptoms.⁽²⁰⁻²⁴⁾ Thus, the idea of holism is particularly appropriate for people who are seeking optimal health, as opposed to those who are simply seeking the amelioration of symptoms, although the latter may result from holistic therapies.⁽²⁵⁾

THE CONCEPT OF PREVENTION

There is a greater focus of holism on prevention, rather than on crisis intervention.^(26,27) This is not to say that crisis intervention is not a part of holistic medicine. However, it is to emphasize that optimal well-being is not likely to be attained via the amelioration of symptoms as they appear. It is important to realize that symptoms typically appear when health is not optimal. Therefore, it is reasonable to assume that as long as symptoms are appearing, optimal health does not exist. Conversely, if a preventative approach can result in optimal health it would seem reasonable that the potential for symptoms to

appear would be reduced to varying degrees. Thus, symptoms may exist as signals that optimal health does not exist. Holism, therefore, promotes prevention as a more healthy approach to health care than crisis intervention.

THE CONCEPT OF MIND, BODY, AND SPIRIT

The philosophy of holism considers human beings not only as physical beings, but also as beings with mental, emotional, spiritual, and social entities. In part, it is the unity and interaction of these components which creates the whole individual. (28-32) Health, then, involves the mind-body-spirit wholeness of individuals. Therefore, holistic healing must address all of these aspects of the patient who comes for care. (33-35)

The idea of body and mind is perhaps more readily perceived and accepted with regard to healing, than is the spiritual aspect. Yet, a person's spiritual resources can be of great importance. In particular, we must remind ourselves of the impact that faith can have on healing. Faith can reveal spiritual forces within the individual that lead to a harmonious relationship between the "self" of the individual and his world, universe, and God. (36)

THE CONCEPT OF ENVIRONMENTS

Taking the preceding ideas a step further, it is suggested that the individual, as a physical-mental-spiritual whole, is intimately interrelated with his natural and social environments. (37,38) Furthermore, this relationship is of considerable importance in our consideration of health and health care. (39) In recent years we have come more and more to realize the importance of the natural environment upon health. Issues such as environmental pollutants of varying kinds, smoking policies, nuclear demonstrations, and the like, have generated greater awareness and concern among many Americans regarding the integrity of our natural environments.

Perhaps not so well emphasized has been the impact of social environments upon health. This involves an understanding of people in the context of their culture, family, and community. (40)

Holism encourages examination of personal lifestyles as it relates to the individual's environment, and attempts to consider values, goals, aspirations, and personal functioning as they contribute to increased or decreased well-being of the individual. For example, tensions (and ultimately, dysfunction and disease) can arise from a dissonance in beliefs, values, and/or interpersonal relationships. Social pressures can affect health status and contribute to pathologies of varying kinds. Nutritional, exercise, and other personal habits can also be involved in disease formation.⁽⁴¹⁾

Thus, we are reminded that both the physical and social environments of an individual may have significant bearing upon the health of individuals. Holism seeks to address both of these very important parameters.

THE CONCEPT OF BALANCE VERSUS IMBALANCE

Holism considers wellness to be a balance or harmony between an individual's physical, mental, and spiritual "selves", and his social and physical environments.^(42,43) This implies that all of the components of the whole individual (including his environments) are in balance or harmony with each other.⁽⁴⁴⁾ Conversely, disease is seen as an imbalance in the mind-body-spirit-environment relationship, or at least as a sign that an imbalance may exist.^(45,46) Thus, holism as a health philosophy involves healing processes that address dimensions of disharmony and disease involving mind, body, spirit, environment, or their relationship to each other.⁽⁴⁷⁾

THE CONCEPT OF ALTERED PRACTITIONER/PATIENT ROLES

Historically, the traditional medical system of America has tended to promote a dependency among patients on the health care industry. In doing so, patients have become passive recipients of health care, as opposed to being active participants in their own health care.⁽⁴⁸⁾ Holism proposes a new relationship between patients and practitioners by defining new roles for each.^(49,50) This new relationship is democratic and tolerant in that holistic health care providers do not put themselves on a higher level of authority (socially or otherwise) than their

patients. This is antithetical to traditional medicine in which health care providers assume an authoritarian role which is on a higher level of the health care system hierarchy than the level which patients occupy.⁽⁵¹⁾ Within the holistic model there is no need for a hierarchy in which providers occupy a higher level than patients because the patient/provider relationship is a cooperative one, with newly defined roles and responsibilities for both participants.⁽⁵²⁾

The holistic philosophy acknowledges the patient as a self-responsible being and respects his/her potential capacity for self-healing.^(53,54) As such, patients are expected to be active and responsible partners (with providers) in the healing process, and not merely passive participants.⁽⁵⁵⁻⁵⁷⁾ Indeed, holism emphasizes the need for the patient to assume responsibility for the attainment and maintenance of his/her own health.⁽⁵⁸⁻⁶¹⁾ This is a reasonable expectation when we consider the untapped potentials of human resources and powers. It has been suggested that humans utilize less than ten percent of the capacities. It would seem probably that human energy systems, which are thought to contain tremendous latent powers, could become efficacious channels of therapeutic power and healing. Thus, holism necessarily involves helping the patient learn how to utilize his own therapeutic energy potentials.⁽⁶²⁾

The responsibilities of the patient demand significant changes in role behavior. An underlying activity in this new behavioral role is one of learning. The patient must learn how he can become an active participant in his own health care.^(63,64) Furthermore, he must learn greater self-awareness and self-understanding which can result in more effective and creative functioning of the personality.⁽⁶⁵⁾ This latter aspect contributes significantly to the individual's learning of how choices, actions and attitudes can affect his state of health.⁽⁶⁶⁾ It subsequently enhances the ability of the individual to institute behavioral changes required for appropriate therapies, and for the attainment and maintenance of well-being.⁽⁶⁷⁾ The individual must also learn about his condition and the potentials and applications of therapies associated with it.⁽⁶⁸⁾

Finally, the patient must learn to interpret his natural feedback by attending to his own natural system in an effort to recognize imbalances occurring within, and potentially deleterious situations presented to, his system.⁽⁶⁹⁾

The role of the health care provider becomes one of a guide, counselor, or facilitator in cooperations with the responsibilities of the patient. This is opposed to the traditional role in which the provider assumes an authoritative curer role. It is most important that the provider allow the patient to take responsibility for his own health care. For only in this way will the patient ultimately activate his own natural healing potentials by developing a reliance upon his innate capacities and resources. In his holistic role, the provider is merely a facilitator of the healing process, who does not make the person well, but rather who helps the patient heal himself (or helps him maintain his health, as the case may be). In order to accomplish this, the provider must know the patient well enough to mobilize self-motivation and self-reinforcement which contributes to the attainment and/or maintenance of well-being.⁽⁷⁰⁾

Perhaps the advantage of holistic health to the individual is best stated as follows:

"(HOLISM) OFFERS INDIVIDUALS THE OPPORTUNITY TO BE CREATORS OF THEIR OWN REALITY, OF HEALTH, THROUGH A MOVEMENT IN ALL LEVELS OF UNDERSTANDING TOWARD A BALANCED AND INTERGRATED LIFESTYLE." ⁽⁷¹⁾

THE CONCEPT OF THERAPY

The concept of holistic therapies calls to mind an important distinction which should be made. In the past many people have confused holism with particular therapeutic modalities. For example, acupuncture or therapeutic touch might be referred to as "holism". In reality, particular modes of therapy are not "holism" per se, although they certainly would be appropriately referred to as "holistic" in certain situations. Holism is a model which endeavors to combine and synthesize principles, practices, and treatment programs which encompass the concept of individuals and health care in terms of systems of wholes.^(72,73)

As such, it does not exist merely as the techniques that are used in its practice.⁽⁷⁴⁾ The techniques that it employs are merely tools for accomplishing its goals. Thus, acupuncture no more constitutes holism, than the scalpel constitutes traditional medicine. The holistic philosophy maintains that there are many different healing techniques which can be efficacious in particular situations.⁽⁷⁵⁻⁷⁷⁾ It promotes the use of any technique that is beneficial to the patient, and/or which stimulates a person's own healing processes.⁽⁷⁸⁻⁸⁰⁾ In doing so, it does not dictate the need to fully comprehend the mechanisms involved.⁽⁸¹⁾ The underlying theme for the selection of a particular therapy is that it should meet the needs of the individual as a whole, and not be selected merely as a traditional therapy for a specific disease entity.^(82,83) Holism acknowledges the potential of orthodox and unorthodox, and traditional and nontraditional therapeutic modalities.⁽⁸⁴⁻⁸⁶⁾ It utilizes preventative, curative, and rehabilitative modalities.^(87,88) However, preventative and curative measures are often combined, so that the same techniques may be used both to prevent and to cure.⁽⁸⁹⁾

Returning once again to the basic holistic premise that the whole is greater than the sum of its parts, it would seem reasonable that attaining and maintaining good health involves more than just taking care of isolated parts of the whole. Rather, holistic healing involves therapy aimed at the whole person in an attempt to restore harmony of body, mind, and spiritual entities of the individual. The emphasis of therapy is on self-regeneration and self-reparatory processes of natural healing, on helping people understand themselves, and on self-care, as opposed to dependency upon health care professionals.^(90,91)

The concept of self-regulation is an important theme in wholistic healing. It is through self-regulatory processes that the potential for self-healing is realized. This nurturing of natural healing processes of the body is a major concern of holism because it is hoped that self-regulating processes and therapies may prove effective before the patient reaches a point where a more radical form of therapy is required. All of this hinges upon the patient's willingness and ability to accept a

more responsible role in his own health care, whereby he activates his own natural resources for healing. Self-regulation is far more capable of re-establishing harmony and equilibrium (and thus health) within the whole.⁽⁹²⁾

Wholism favors the use of group interactions as a therapeutic modality. Properly conducted, group interaction can result in positive re-inforcement and motivation with regard to the optimal utilization of health care programs. Groups can provide an effective environment for unlearning unhealthy habits and attitudes. Finally, the friendships and climate established in groups may enhance the formation of caring attitudes which can enhance healing processes.⁽⁹³⁾

The holistic health providers must be able to offer emotional nurturance in addition to normal therapeutic modalities. Such nurturance consists of warmth, empathy, and understanding, all of which promote recovery by creating a healthy climate for healing.⁽⁹⁴⁾ Where it can be incorporated, love and caring can create a dynamic healing force.⁽⁹⁵⁾

Physical contact between the patient and health care providers is considered to be an important therapeutic element.⁽⁹⁶⁾

Finally, suggestion is a significant force in human affairs. If suggestions are positive they can promote the healing process.⁽⁹⁷⁾

SOME MISCELLANEOUS CONCEPTS

Holism views illnesses as potential sources of learning and discovery.⁽⁹⁸⁾ All illnesses are not disastrous to the individual. When faced with illness, if the individual can apply holistic methods to his situation, he can learn a great deal about himself, and can learn to master his body, mind, spirit, and environment in very productive and healthy ways.

Holism concerns itself with the quality of life, and not just the diseases that occur in life.⁽⁹⁹⁾ It is concerned with improving the quality of life by promoting optimal well-being and by allowing individuals to assume greater control and understanding of themselves. As a partial commitment to this end, it desires to change social and economic conditions that contribute

to the creation and maintenance of illnesses. (99)

Finally, holism is described as a long-term, not a short-term process. (100) It endeavors to teach the individual skills that can be utilized for a lifetime of wellness.

IN SEARCH OF A DEFINITION OF HOLISM

A number of definitions for holism have been proposed. They consist of varying lengths and varying concepts. Yet, most of them take into account the basic concepts that I have presented previously. With these basic concepts in mind, I would like to propose the following definition of holism as it applies to health care:

HOLISM IS A MODEL OF HEALTH CARE WHICH INVOLVES HEALTH CARE PROVIDERS AND PATIENTS IN A COOPERATIVE EFFORT TO ESTABLISH AND MAINTAIN OPTIMAL HEALTH AND WELL-BEING OF THE WHOLE PERSON IN HIS/HER ENVIRONMENT BY UTILIZING ANY ACTIVITY OR MODALITY OF PREVENTION OR THERAPY WHICH IS CAPABLE OF FULFILLING THE PARTICULAR HEALTH NEEDS OF THE PATIENT.

Considering the variety of concepts that seem to be characteristic of holistic health care, it is not likely that any definition of holistic health care is going to be complete (unless we can be content with a definition spanning several pages of print). Thus, it is no particular wonder that authorities in holistic health report a lack of availability of a concise, precise definition of holistic health care.

The lack of an accepted definition seems also to have generated problems regarding the acceptance of holism in general. It appears that too many people have tried to define holism in terms of whether or not particular preventative/therapeutic modalities, or health care activities, or "holistic". For example, is yoga holistic? What about acupuncture? Well, if we recall from our previous discussion that holistic health care is a model which utilizes any modality that is capable of fulfilling the health needs of the individual, then we can avoid this misunderstanding. Realize that it is our ultimate objective of attaining health and well-being of the whole individual that is, or is not holistic, and not the activities we utilized to accomplish this objective. According to this line of reasoning,

all preventative/therapeutic modalities and health activities can be considered holistic if they are utilized to attain a holistic objective. It therefore becomes pointless to consider the extent to which acupuncture, yoga, or anything else is innately holistic. Rather, we should be considering whether our terminal objective is holistic or not.

Resolution of this misunderstanding could do much to further the acceptance of holism, and to dispel the "mysterious" and parapsychological connotations that have been attributed to holism because of its association with particular modalities and activities incorporated by it.

HOLISM IN PHARMACY

From the discussion of holism that has been presented it becomes apparent that holism can incorporate many therapeutic modalities and health oriented activities. We have implied somewhat of a paradox in that a given modality or activity may not, in itself, be considered particularly holistic. Yet, within the framework of health care of the "whole person" a particular modality or activity may indeed be considered holistic.

This would seem to be particularly applicable to the pharmacy situation. There are many pharmacists who are becoming increasingly patient oriented. As this happens we begin to see the inclusion of a variety of patient oriented services into traditional pharmacy practices. Individually, the inclusion of these services may not seem particularly holistic. Yet, if we begin to consider these services as they contribute to the health and well-being of the whole person involved, these isolated services begin to contribute to the health of the whole person in an additive manner. By analogy we might consider any person to be a jigsaw puzzle with many pieces. In order to attain optimal health all of the pieces of the individual need to "fit" in their proper place in order to fulfill their proper role. The variety of health related services and activities may be viewed as an attempt to help the individual place all of the pieces of his "self" into their proper place. While any isolated service or activity may not seem particularly holistic, it may be considered holistic to the extent that its ultimate goal is to contribute to the completion of the puzzle (i.e., the completion of the whole individual). As we will see in Chapter 5, there are a variety of health services currently being promoted by various people within the profession of pharmacy. The orientation and goals of these services and activities can vary considerably. Yet, each in its own way ultimately strives to assist people in working pieces of their "self" puzzle into a proper "fit", so that the whole person begins to take on its optimal form with regard to the total health picture of the individual.

The availability of the services summarized in Chapter 5 is a step in the right direction. However, having services available is only useful to the extent that they are accepted and utilized by consumers and health professionals. In the next Chapter we will examine how consumers and the profession of pharmacy views the expanded roles and services.

HOW THE PATIENT VIEWS EXPANDED PHARMACIST ROLES

Perhaps the most sensible way to assess the desirability of expanded pharmacist services is to ask the patient. The potential advantages of this method is obvious. However, it carries with it innate disadvantages as well. For example, the consumer may not always be aware of the services available from their pharmacy. Furthermore, the consumer is often unaware of the advantages of a service even when they are aware that it is available.

Nonetheless, the following statements attest to the desire of consumers to have more services made available to them:

"CONSUMERS WANT THE BENEFITS OF PHARMACEUTICAL SERVICES BOTH LARGE AND SMALL" (101)

"CONSUMERS WELCOME ALL OF THE PROFESSIONAL SERVICES OFFERED AND DESCRIBED BY PHARMACISTS" (102)

"CONSUMERS ARE UNAWARE OF WHAT SERVICES THE MODERN COMMUNITY PHARMACIST PERFORMS, BUT REACT POSITIVELY TO A PROGRAM OF COMPREHENSIVE SERVICES WHEN HE IS INFORMED OF ITS FEATURES" (103)

Going beyond this, A.I. Wertheimer, et. al., utilizing a panel of consumers found that customers "want to converse directly with their pharmacist," and "wanted to know their pharmacist." Another outcome of these researchers was the finding that their consumer group had higher expectations and regard for their pharmacists than the pharmacists typically reported. (104)

In another study involving 934 consumers responding to a questionnaire, it was found that consumers considered it the pharmacist's responsibility to verbally check a patron's understanding of prescription dosage directions. Furthermore, this was considered to be an important responsibility. (105)

In another study done by the Albany College of Pharmacy a verbal survey was made in which 67 average citizens were asked, "What do you like or dislike about your pharmacist?" Of great significance was one of the complaints heard most often: "We never see a pharmacist." The author indicated

that the average prescription patient and many nonprescription patients desire an opportunity to speak with a pharmacist.⁽¹⁰⁶⁾ Furthermore, this is evidenced by the fact that more and more patrons are going to pharmacies where they can receive more comprehensive services.

Surveys from the FDA show that many consumers would like to have more information about nonprescription drugs, preferably in written form.⁽¹⁰⁷⁾

Finally, studies indicate broader consumer expectations of pharmacists:⁽¹⁰⁸⁾

"THE RURAL POPULATION SURVEYED APPEARS TO EXPECT FAIRLY COMPREHENSIVE PHARMACY SERVICES"

"RESULTS INDICATE THAT CONSUMERS ARE INTERESTED IN COMPREHENSIVE PHARMACY SERVICES..."

"...REPORTS...INDICATE THAT MOST SERVICES ARE SOUGHT AND/OR DELIVERED SIGNIFICANTLY LESS FREQUENTLY THAN THEY ARE EXPECTED."

As you can see, these studies do not, for the most part, point out particular services sought by consumers. Perhaps more importantly, however, they point out the desire of consumers to have more services, and the opportunity for pharmacists to offer a variety of services. Perhaps this is best summarized by the following statement from one consumer study:

"...A CONSUMER GROUP VIEWED PHARMACISTS AS NOT FULFILLING THEIR POTENTIAL CAPABILITIES" ⁽¹⁰⁹⁾

HOW PROFESSIONALS VIEW EXPANDED PHARMACIST ROLES

If expanded roles are to be incorporated into typical pharmacy settings, they are going to have to become more popular concepts in the profession at large. Apparently, many pharmacy educators and pharmacy industry leaders greatly favor the idea of expanded services. Unfortunately, the idea has never gained much popularity with the majority of practicing pharmacists.

A literature review reveals the popularity of this concept among many pharmacy leaders. For example, in one editorial the author emphasized the concept of getting the pharmacist from behind the counter: (110)

"ANY PHARMACY -- CHAIN OR INDEPENDENT COMMUNITY PHARMACY -- ENDANGERS THE PROFESSION WHEN IT ELIMINATES OR EVEN MINIMIZES THE PHARMACIST'S CONTACT WITH THE PUBLIC UNDER THE GUISE OF COMBATING COSTS OR INSTITUTING MORE EFFICIENT OPERATIONAL PRACTICES. SUCH LIMITED PUBLIC CONTACT NOT ONLY DESTROYS AN IMPORTANT PART OF THE IDENTITY OF THE PHARMACY AS A HEALTH SERVICE CENTER, BUT IT FURTHER DAMAGES THE PUBLIC IMAGE OF THE PHARMACIST AND CHEATS ON THE PROFESSIONAL SERVICE WHICH THE PHARMACIST RENDERS IN THE PROTECTION OF PUBLIC HEALTH. NO AMOUNT OF BRIGHT LIGHTS, ARTISTIC FEATURES, COLORFUL PAINT, AND INSTITUTIONAL ADVERTISING CAN REPLACE THE PERSONAL PROFESSIONAL RELATIONSHIP BETWEEN PATIENT AND PHARMACIST"

More and more the professional leaders are beginning to recognize the need for expanded services, such as increased patient education: (111)

"PATIENT EDUCATION IS BEGINNING TO BE RECOGNIZED AS AN ACCEPTED FORM OF THERAPY IN THE TREATMENT AND PREVENTION OF DISEASE. BECAUSE DIAGNOSTIC AND THERAPEUTIC EFFORTS ARE LIKELY TO FAIL UNLESS PATIENTS PROPERLY MANAGE THEIR THERAPY, EDUCATION IS ONE OF THE PHARMACIST'S MOST IMPORTANT FUNCTIONS.

THE READILY ACCESSIBLE PHARMACIST, WITH HIS/HER KNOWLEDGE OF DRUG THERAPY, IS THE LOGICAL PROFESSIONAL TO ASSUME THE PRINCIPAL ROLE IN PATIENT DRUG EDUCATION. BY INCORPORATING VARIOUS EDUCATIONAL TECHNIQUES IN THEIR PRACTICE PHARMACISTS CAN INITIATE A COOPERATIVE EFFORT TO IMPROVE THE HEALTH OF PATIENTS..."

Likewise, the following excerpts from "Pharmacy Guidelines Governing Relationships Between Pharmacists, Patients, and Prescribers" as adopted by the American Pharmaceutical Association House of Delegates in 1972 illustrates the importance the profession has put upon expanded responsibilities of pharmacists: (112)

"THE PHARMACIST OWES AN OBLIGATION TO EACH PATIENT AS AN INDIVIDUAL. THE PHARMACIST SHOULD MAKE EVERY EFFORT TO KNOW AND RESPECT EACH PATIENT AS SUCH. FURTHER, THE PHARMACIST MUST PERSONALLY ENSURE THAT THE PATIENT UNDERSTANDS ALL RELEVANT INFORMATION RELATING TO DRUG PRODUCTS PRESCRIBED...

PHARMACISTS SHOULD TAKE TIME TO INFORM PATIENTS FULLY REGARDING THE NATURE OF PHARMACY SERVICES THEY PROVIDE IN ADDITION TO DISPENSING DRUG PRODUCTS..."

In the past, the pharmacist has attained a "count and pour" image by many consumers and professionals alike. "Count and pour" pharmacists barricade themselves behind their counters and avoid contact with the consumer. In doing so, they deprive the public of an appreciation of what pharmacists really have to offer. Current pharmacy authorities have addressed this issue in the following ways:

"I BELIEVE THAT THE DAYS OF COUNT AND POUR ARE RAPIDLY DISAPPEARING FOR THE PRACTICING PHARMACIST WHO MUST LEARN QUICKLY THE IMPORTANCE OF EDUCATION AND THE RESPONSIBILITY TO THE TOTAL HEALTH CARE SYSTEM. THE PHARMACIST MUST LEARN TO DEVELOP A PRACTICE BASED ON ABILITY, EDUCATION, EXPERTISE, AND ABOVE ALL, DIRECT PATIENT CONTACT." (113)

"PHARMACISTS TRADITIONALLY HAVE BEEN ASSOCIATED WITH COUNTING AND POURING MEDICATIONS IN OUTPATIENT OR COMMUNITY SETTING. HOWEVER, AS A PART OF THE HEALTH CARE TEAM, PHARMACISTS MUST ALSO GEAR THEMSELVES TO MEET THE NEEDS OF COMMUNITY PATIENTS." (114)

"PROVIDING SERVICES DESIGNED FOR THE PATIENT'S WELL-BEING AS THE HIGHEST PRIORITY WILL DEFINITELY BRING RECOGNITION OF THE PHARMACIST AS A HEALTH CARE PROVIDER RATHER THAN A "PILL COUNTER". (115)

The expanded role of pharmacists as educators is supported by the following views:

"PHARMACISTS ARE SEEN AS HEALTH PROFESSIONALS WHO COULD AND SHOULD MAKE AN IMPORTANT CONTRIBUTION TO THE HEALTH CARE SYSTEM OF THE FUTURE BY PROVIDING INFORMATION ABOUT DRUGS TO CONSUMERS AND HEALTH PROFESSIONALS...

THE SYSTEM OF PHARMACY MUST BE DESCRIBED AS BEING BOTH EFFECTIVE AND EFFICIENT IN DEVELOPING, MANUFACTURING AND DISTRIBUTING DRUG PRODUCTS. HOWEVER, THE SYSTEM OF PHARMACY CANNOT BE DESCRIBED, AT PRESENT, AS EITHER EFFECTIVE OR EFFICIENT IN DEVELOPING, ORGANIZING, AND DISTRIBUTING KNOWLEDGE AND INFORMATION ABOUT DRUGS. WHEN PHARMACY IS VIEWED AS A KNOWLEDGE SYSTEM, IT MUST BE JUDGES AS ONLY PARTIALLY SUCCESSFUL IN DELIVERING ITS FULL POTENTIAL AS A HEALTH SERVICE TO THE MEMBERS OF SOCIETY. (116)

"BECAUSE YOU ARE IN CONTACT WITH PATIENTS MORE THAN ANY OTHER HEALTH PROFESSIONAL, YOU ARE IN A GOOD POSITION TO FILL THEIR INFORMATION NEEDS AS WELL AS THEIR DRUG NEEDS. THIS PERSONAL KIND OF SERVICE CAN BE FAR MORE EFFECTIVE THAN ADVERTISING IN BUILDING ANY FIRM'S IMAGE AND PRESCRIPTION PATRONAGE." (117)

"IN 1975, THE STUDY COMMISSION ON PHARMACY DEFINED PHARMACY AS A KNOWLEDGE SYSTEM WITH THE RESPONSIBILITY OF PROVIDING DRUG INFORMATION TO SOCIETY." (118)

"PHARMACISTS ARE UNIQUELY QUALIFIED TO SUPPLY THE NEEDED HEALTH INFORMATION." (119)

Other authorities have speculated on expanded roles for pharmacists in the coming years:

"...THE MAIN GOAL OF PHARMACISTS WILL STILL BE TO HELP THEIR PATIENTS BE SENSIBLE MEDICINE USERS IN A WORLD WHERE THE HUMAN ANIMAL HAS DESIGNED THE MECHANISM FOR THE TOTAL DESTRUCTION OF LIFE." (120)

"...PHARMACY HAS THE POTENTIAL TO CONTINUE TO DEVELOP SERVICES THAT WILL NOT ONLY CHANGE THE ENTIRE IMAGE OF THE PROFESSION BUT ALSO, IF PERMITTED, TO TOTALLY EXPAND TO ALL SEGMENTS OF PRACTICE, PROVIDE SIGNIFICANT HEALTH AND ECONOMIC BENEFITS TO ALL SEEKING HEALTH CARE IN THE U.S." (121)

"THE MILLIS COMMISSION CLASSIFIED PHARMACY AS AN INFORMATION SYSTEM, SIGNALLING THAT EFFECTIVE THERAPY CAN OFTEN ONLY BE ACHIEVED IF ACCOMPANIED BY EFFECTIVE COMMUNICATION AND INFORMATION." (122)

Thus, it seems apparent that authorities in the field of pharmacy are setting the stage for acceptance of expanded roles and services through their writings and lectures.

THE EFFECTS OF EXPANDED ROLES

It would be difficult, if not impossible, at this point in place and time to predict the effects that the many proposed role changes would have upon the health care system. However, we can look at the potential that one expanded role (patient counseling) can have on patient care. Hopefully, the implications of this example can be extended to other role expansions in promoting more effective patient care.

We first look at two studies which demonstrate the need for counseling intervention. The first study indicates that from 25-59% of self-medicating, ambulatory patients misuse the drugs prescribed for them by their physicians. Very often this misuse is of clinical significance. (123)

Other studies have shown that drug misuse is largely due to misunderstandings on the part of the patient. Thus, for a variety of reasons, patients manage to get home with a medication that they know little about. For example, a study done at Ohio State University Hospitals was conducted to ascertain if patients could safely and effectively self-administer medications by following the directions as they were stated by the physician. The study was conducted utilizing 1,028 prescriptions with the following results: (124)

-46.8% OF THE PRESCRIPTIONS, IF DISPENSED AS WRITTEN BY THE DOCTOR, PROVIDED SUFFICIENT INFORMATION FOR THE PATIENT TO PROPERLY ADMINISTER THE MEDICATION WITH NO ADDITIONAL INSTRUCTIONS.

-49.7% OF THE PRESCRIPTIONS DID NOT PROVIDE SUFFICIENT INFORMATION TO THE PATIENT TO PERMIT CORRECT ADMINISTRATION.

-3.5% OF THE PRESCRIPTIONS COULD NOT BE DISPENSED AT ALL AS WRITTEN BY THE PHYSICIAN BECAUSE OF DELETED INFORMATION.

In another study, 62 patients who had received prescriptions at a certain pharmacy were later interviewed to determine compliance. The patients had been given verbal, written, or verbal and written instructions at the time that their medications were dispensed to them. This is an example of a study designed to determine the effects of various types of counseling/information efforts on medication compliance. The

results were as follows:

DIRECTIONS GIVEN TO PATIENT	RESULTS
BOTH VERBAL REVIEW OF PRESCRIPTION DIRECTIONS AND A PRINTED INSTRUCTION SHEET	EXHIBITED THE HIGHEST COMPLIANCE
VERBAL REVIEW OF THE DIRECTIONS ON THE PRESCRIPTION LABEL	2ND HIGHEST COMPLIANCE
RECEIVED NO INSTRUCTIONS	3RD HIGHEST COMPLIANCE
WRITTEN INSTRUCTIONS, BUT NO VERBAL REVIEW	WORST COMPLIANCE

Realize that many pharmacists provide patients with only written instructions (for example, the directions or the bottle label), but then do not review these instructions with the patient. Thus, this latter study provides evidence to support the need for an expanded patient care role, that of patient counseling. It further implies that patient compliance with medication directions can be enhanced via such measures.

It is reasonable to assume that other expanded roles, if properly utilized and conducted, may also have positive effects on patient care endeavors.

DOES THE PHARMACIST HAVE TIME FOR EXPANDED ROLES

As I envision it, there are two possible means by which pharmacists may incorporate expanded roles into their practice. The first would involve a total reorientation of pharmacy practice to expanded roles. Or perhaps, I should say, an abandonment of traditional practice for a new expanded practice. However, traditions are difficult to break, so that I suspect most pharmacist would be more likely to slowly incorporate expanded roles into a traditional practice setting. This slow incorporation represents the second method, and likely represents the method most likely to be accepted by most pharmacists.

With regard to this second method, before we can assert that the pharmacist should assume more expanded roles, it would be proper, I think, to examine the primary reason that most pharmacists will offer as a reason not to: "I don't have time!" In order to examine this concern, we turn our attention to a study which attempted to identify the time that pharmacists spend doing certain tasks in a typical pharmacy setting.⁽¹²⁶⁾ The study involved 14,400 observations made at 20 pharmacies and was based on the activities of 93 pharmacists. Table 1 summarizes 25 task categories of activity and the percentage of time spent on them based on this data. In Table 2 I have categorized these 25 task categories into 5 groups for further analysis. I have arranged the 25 task categories under the indicated five headings to point out some interesting considerations. To begin with, by combining headings I and V, we obtain 46% (29.2 + 16.8) more time that could be relegated to other activities (for example, expanded roles). Category II involves tasks that could be performed by pharmacy technicians (with some alterations of some existing pharmacy laws and thought), who would then give the finished prescription product (along with the written prescription) to the pharmacist to be checked for accuracy. Subsequently, the pharmacist might accompany the patient (with his prescription(s)) to a private counseling room to discuss his medications, therapy, disease,

and the like, with him. This process would, in effect, "buy" the pharmacist another 31.1% of time from this study to devote to expanded roles.

Thus, so far by combining headings I, II, and V, we find that the pharmacist has 77.1% more time available for expanded roles. Furthermore, some of the communication and information tasks that are filed under heading III are of the "general" type that could also be handled by other pharmacy personnel (for example, clerks and technicians). Heading IV can be viewed as unavailable time.

thus, according to this study, and by applying my own observations, it would appear that approximately 80% of pharmacist's time could be relegated to expanded roles. This would be equivalent to approximately 6.4 hours out of a typical 8 hour day.

My projections are supported by another analysis of this same data by the same researchers, who a few months after their original publication, published another analysis of the original data. (127) This time, they stratified the information (task categories) into 4 levels based on prescription volume for previous months. Table 3 indicates their new analysis, and summarizes what they consider to be a number of interesting outcomes of their analysis.

By combining NC activities and N activities, we see that 76% of the activities performed by the pharmacists in this study consumed time that the pharmacist probably could have spent in attending to expanded roles, since more than likely, these would represent activities that could be performed by other personnel. Note that this 76% compares very closely to the 80% I projected earlier.

I think that these studies attest to the premise that the pharmacist has more time on his hands than he is willing to admit. All that needs to occur is a reorganization of philosophies, priorities, and schedules.

TABLE 1. TASK CATEGORIES OF ACTIVITY AND THE PERCENTAGE OF TIME SPENT ON THEM BY THE PHARMACISTS IN THE STUDY

TASK CATEGORY	% OF TIME INVOLVED
1) ABSENT	0.5
2) CASHIER	2.9
3) CLEAN-UP	3.1
4) CLERICAL	13.6
5) GENERAL COMMUNICATION	1.4
6) PATIENT COMMUNICATION	5.3
7) PHARMACIST COMMUNICATION	1.8
8) PHYSICIAN COMMUNICATION	2.5
9) COMPOUNDING	0.5
10) IDLE	16.8
11) GENERAL INFORMATION	0.8
12) SPECIFIC INFORMATION	3.9
13) INVENTORY	8.2
14) LABELING	3.1
15) MANAGEMENT	3.1
16) DRUG SELECTION	4.2
17) FILE SELECTION	2.2
18) PRICING	1.3
19) PRODUCT PACKAGING	2.0
20) PRODUCT PREPARATION	8.8
21) TRAVEL	0.8
22) TYPING PRESCRIPTION LABELS	9.0
23) UNOBSERVABLE	0.8
24) UPKEEP	1.4
25) OTHER	1.7

TABLE 2. CATEGORIZATION OF TASK CATEGORIES

I. DUTIES THAT COULD HAVE BEEN HANDLED BY OTHER PERSONNEL

2)	CASHIER	2.9%
3)	CLEAN-UP	3.1
4)	CLERICAL	13.6
13)	INVENTORY	8.2
24)	UPKEEP	<u>1.4</u>
		29.2% TOTAL

II. PRESCRIPTION DISPENSING DUTIES

9)	COMPOUNDING	0.5%
14)	LABELING	3.1
16)	DRUG SELECTION	4.2
17)	FILE SELECTION	2.2
18)	PRICING	1.3
19)	PRODUCT PACKAGING	2.0
20)	PRODUCT PREP	8.8
22)	TYPING LABELS	<u>9.0</u>
		31.1% TOTAL

III. PHARMACIST REQUIRED DUTIES*

5-8)	COMMUNICATION	11.0%
11,12)	INFORMATION	4.7
15)	MANAGEMENT	<u>3.1</u>
		18.8% TOTAL

IV. OTHER UNAVAILABLE ACTIVITIES

1)	ABSENT	0.5%
21)	TRAVEL	0.8
23)	UNOBSERVABLE	0.8
25)	OTHER	<u>1.7</u>
		3.8% TOTAL

V. OTHER AVAILABLE TIME

10)	IDLE	16.8%
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*many of these duties could probably be handled by other personnel but it would be difficult to ascertain exact percentages.

TABLE 3. STRATIFICATION OF TASK CATEGORIES INTO 4 LEVELS

IDENTIFICATION OF LEVELS:

P = TASKS ONLY THE PHARMACIST COULD PERFORM
P/N = TASKS THE PHARMACIST DIRECTLY SUPERVISED
N = TASKS THE PHARMACIST INDIRECTLY SUPERVISED
NC = TASKS NOT COVERED BY THE TASK FORCE CRITERIA ABOVE

PROPORTION OF TOTAL OBSERVATIONS IN EACH TASK CATEGORY LEVEL:

LEVEL	PROPORTION (%)
P	14.2
P/N	9.8
N	46.8
NC	29.2

TABLE INTERESTING OUTCOMES CITED BY AUTHORS

- 1) PHARMACISTS IN THE STUDY DEVOTED NEARLY A THIRD (29.2%) OF THEIR TIME TO ACTIVITIES THAT COULD NOT BE CATEGORIZED AS PHARMACIST REQUIRED OR PHARMACIST SUPERVISED
- 2) PHARMACISTS DEVOTED THE HIGHEST PROPORTION OF THEIR TIME (46.8%) TO ACTIVITIES REQUIRING ONLY INDIRECT PHARMACIST SUPERVISION.
- 3) RELATIVELY LITTLE TIME WAS DEVOTED TO ACTIVITIES ONLY A PHARMACIST SHOULD PERFORM (14.2%)

CONCLUSION

These studies serve to demonstrate that the opportunities for expanded roles do exist, and that both the consumer and professional populations are willing to allow their inclusion into traditional medical practices. While it might be inaccurate to promote expanded roles as "holistic", it is reasonable to assume that many of the expanded roles which have been promoted for the profession of pharmacy (Chapter 5) will be much more efficacious in assisting patients to attain holistic health care. Thus, the incorporation of these expanded roles may logically be seen as being in the best interest of attainment of holistic health care.

EXPANDED ROLES FOR PHARMACISTS -- A REVIEW OF THE LITERATURE

Perhaps the best way to discover new and expanded roles which are being promoted for pharmacists is to review journal articles. As pharmacists develop new and modified roles for themselves, many write about their experiences so that others may gain some kind of understanding regarding the pros and cons of the role(s) being considered. Table 4 reflects a variety of services and roles which have been discussed in some of the traditional pharmacy journals. For our purposes here, these roles exist as suggestions for many pharmacists who are interested in expanding their professional role in the attempt of the health care industry to provide more complete services for American consumers.

TABLE 4. EXPANDED ROLES FOR PHARMACISTS AS PROPOSED BY
AUTHORITIES IN THE FIELD OF PHARMACY (128-164)

CLINICAL SERVICES

Taking Patient Drug Histories
Drug Product Selection
Prescribing for Self-limiting Conditions
Drug Therapy Consultations
OTC Consultation
Identify Drug Misuse and Abuse
Intervene in Drug Misuse and Abuse
Answer Questions about Conditions and Symptoms
Administer Drugs to Patients
Pharmacist-rendered Primary Care Services
Therapy Decisions
Dosage Regulation
Adjust Drug Therapy
Monitoring of Disease and Therapy
Answer Questions and Solve Problems Not Requiring Doctor
Review and Evaluation of Medication Regimens
Follow-up and Reassessment
Clinical Assessment of Drug Therapy
Compliance Monitoring
Evaluation of Effectiveness
Monitoring of Therapeutic Success
Document Patient Progress
Evaluation and Follow-up of Chronic Disease States
Offer Compliance Suggestions
Adverse Drug Reaction Monitoring
Traditional Dispensing
Liason Between Doctor and Patient
Maintenance of Patient Profiles
Provide Printed Information for Patients

GUIDANCE/COUNSELING FUNCTIONS

Establish Patient Rapport to Augment Doctor Efforts
Private Consultations
Devise and Implement Compliance-ensuring Strategies
Help Patient be More Rational with Drug Use
Make Suggestions to enhance Therapy
Discourage Unneeded Medications
Aid Consumer Decisions
Advise Patients
Assist in Developing A Suitable Home Environment for Health
Resolve Therapeutic Problems
Implementation of Behavior Modification
Monitoring of Behavior Changes
Monitoring of Patient Involvement in Therapy
Patient Support and Reinforcement
Patient Counseling
Promote Rational Drug Use

EDUCATION FUNCTIONS

Patient Education (in both academic and nonacademic settings)
Drug Information to Patients
Drug Information to Health Personnel
Drug Information Centers
Preventative Health Education
CPR Instructors

EDUCATION/SCREENING/MONITORING FUNCTIONS

High Blood Pressure
Diabetes
Colorectal Cancer
Dental
Other Chronic Disease States

PHARMACIST/DOCTOR RELATIONSHIP

Advise Prescribers Regarding Drug/Health Issues
Medical Consults
Group Practice Member

IV

IV Mixture Programs
Patient Training and Monitoring of Home Hypertension Use

LABORATORY SERVICES

Pharmacokinetic Services
 Serum Level Determination
 Blood Sampling Supervision
 Drug Analysis
Monitor Test Results
Collect Diagnostic Information for Use in Monitoring Therapy
Order and Interpret Laboratory Results

SOCIOECONOMIC FUNCTIONS

Post Market Drug Surveillance
Evaluate Generics
Quality Assurance
War Against Ineffective and/or Unsafe Drugs
Economic Management of Health Care
Participate in Efforts to Improve the Health Status of the Public
Provide Leadership in Consumerism

MISCELLANEOUS FUNCTIONS

Product Identification
Poison Prevention/Information Centers
Drug Information Centers
Medical Literature Evaluation

DEVELOPMENT OF A MORE HOLISTIC PHARMACIST -- CONCLUSIONS

The previous discussions point out that holism involves attempts to attain optimal well-being and health of the whole person. That is, all of the individual's health needs must be considered. A variety of modalities and activities may be utilized in an attempt to meet these various needs of the individual. In pharmacy we are seeing the development and implementation of many new and expanded roles and services by practicing pharmacists. In varying ways these new roles can be utilized to contribute to the health of the whole individual. Thus, while I do not see expanded pharmacy roles and services as being innately holistic, I do see these roles and services as positive vectors which can assist patients in attaining holistic health care.

PART 2 REORGANIZATION OF THE TRADITIONAL PHARMACY MODEL

The traditional pharmacy "system" or model is depicted on the following page. In it, the customer presents his prescriptions to the pharmacist, who fills them. While the pharmacist attends to this traditional chore, the customer is left to peruse the remainder of the store, indulge in refreshment (in those few remaining stores that still have soda fountains), or perhaps to simply sit and wait...if the store manager has been thoughtful enough to provide chairs. After the prescriptions have been filled, the customer leaves the store. Typically, this arrangement allows for very little communication between patients and the pharmacist...either because the pharmacist feels that he doesn't have the time to communicate with customers, or because he simply has no particular interest in lengthy communications with patients. Indeed, some authorities suggest that as many as 33% of pharmacists may try to avoid communication if possible.¹⁶⁵ Yet, in earlier sections the concept of communication was promoted as being desirable, and perhaps even necessary, if patient care is to be maximized by practicing pharmacists.

The traditional pharmacy system is in keeping with the "count and pour" image that pharmacy has had historically. Increasingly during the past decade pharmacy has been undergoing a change in its ideology. In general, this change is seen as a need for greater involvement with patients by pharmacists. More specifically, it is seen as a need for more effective communication with patients.¹⁶⁶⁼⁷ Certainly, increased patient involvement would provide greater opportunity for pharmacists to effectively incorporate additional patient services into their practice situations.

The traditional pharmacy model does not lend itself well to the adoption of additional patient-oriented services. It depends heavily upon the pharmacist being the one who fills the prescription. Even though it was shown earlier that pharmacists actually have more time than they might report, what is needed is

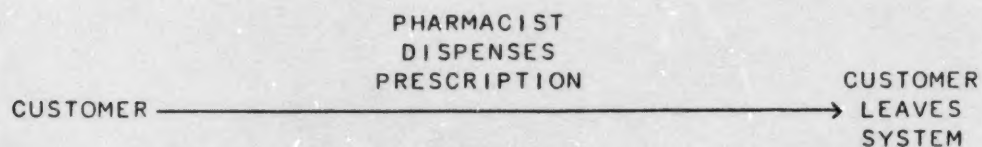


FIGURE 1. TRADITIONAL PHARMACY MODEL. THE PHARMACIST FILLS THE PATIENT'S PRESCRIPTION, AFTER WHICH, THE CUSTOMER LEAVES THE STORE. THIS SYSTEM ALLOWS FOR VERY LITTLE OPPORTUNITY FOR PHARMACIST/CUSTOMER COMMUNICATION.

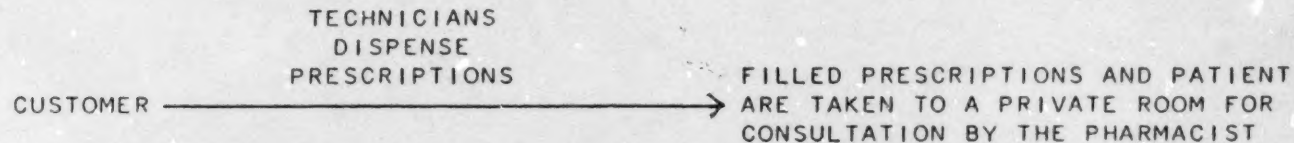


FIGURE 2. PATIENT CONSULTATION PHARMACY MODEL. SPECIALLY TRAINED TECHNICIANS FILL THE PRESCRIPTIONS, AFTER WHICH, THE PHARMACIST CHECKS THE TECHNICIAN'S WORK FOR ACCURACY. THE PATIENT AND PHARMACIST GO TO A PRIVATE ROOM FOR CONSULTATION ABOUT THE MEDICATIONS OR OTHER HEALTH RELATED MATTERS.

another practice model which would allow for patient-oriented activities to be the primary function of the pharmacist, as opposed to "count and pour" activities.

An alternate model is depicted on the previous page. Variations on this theme have been utilized in isolated instances around the country. This model provides for specially trained technicians to actually process and fill the patient's prescriptions. Once filled, the prescriptions are checked by the pharmacist, who then takes the patient and their medications to a private room or office for consultation. In the consultation meeting the pharmacist explains the medication to the patient, reinforces instructions given to him/her by the physician, and answers any questions that the patient might have. It is also an opportune time for the pharmacist to provide additional services, or to address other health concerns of the patient. Patients who wish pharmacist consultations, but who do not have prescriptions to be (re)filled, may schedule appointments with the pharmacist.

This model emphasizes the environment in which the consultation occurs. For thirty years studies have shown that environments have significant impact upon people's behavior-- including their willingness to communicate and learn. Communication and patient education efforts are not as likely to be successful unless consultation takes place in an environment which is comfortable to the patient. The best such environment is a private room with furniture, furnishings, decorations, lighting, and music which are in keeping with a productive atmosphere for communication.¹⁶⁸

This model requires a major re-orientation and re-organization of the traditional pharmacy model. However, it offers the greatest potential for pharmacists who are interested in providing optimal patient care services for their community.

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